

# Nursing Intentional Rounding , Nurses Response time to call system and its impact on patient complaints and patient satisfaction

---

Dr Hussam Al Nusair  
CNO , SKGH – UAQ

# Learning Objectives

---

- Demonstrate how Intentional Hourly Rounding can be used in an inpatient setting to ensure patient safety and decrease safety related concerns or negative events
- Implement Intentional Hourly Rounding in all Hospital settings to benefit patient safety and patient satisfaction.
- Determine current compliance with evidence-based criteria regarding timeliness and purposefulness of nursing rounds.
- Improve knowledge regarding best practice interventions amongst staff nurses regarding nursing rounds.
- Improve compliance with evidence-based criteria regarding timeliness and purposefulness of nursing rounds

# Learning Objectives

---

- Repost the nurses knowledge on how to improve patient outcomes
- Describe the importance of intentional rounding in the clinical setting
- Develop and improve nursing strategies to improve compliance to intentional rounding
- Assess outcomes based patient experience and staff compliance



# About Sheikh Khalifa General Hospital

---

- One of HRH Sheikh Khalifa General Hospital Initiatives in the Northern Region, under MOPA, managed by NMC
- Employ around 760 employee
- Employ around 340 nurses
- 195 Inpatient Beds
- Around 10.000 outpatient appointments/Month
- Around 40000 ED visit/Year



# The Facts

---

- Nursing staff devote a lot of time responding to unscheduled patient requests so they have less time for more critical duties.
- Patient falls and pressure ulcers are concerns to staff , patients and families.
- How nursing staff respond to call lights plays a major role in how patient perceive the quality of healthcare.

# Background

---

- Patient satisfaction and patient safety outcomes are viewed by hospital leadership as crucial determinants of success for meeting this mission
- In USA, UK and other countries insurance companies withhold money from hospitals, with the option to earn some of it back based on the five domains (efficiency –25 %, Patient Experience –25 %, clinical care process –5%, clinical care outcomes –25%, and safety –20 %).
- 25% of falls result from falling out of bed and approximately 30% of these falls result in injury with 4-6% listed as serious. Injuries included either fracture or death
- Hospital costs for patients injured during falls are US\$4200 higher than for patients who do not fall

# Background

---

- Multiple studies have been conducted in the past six years to assess the effectiveness of nursing rounds on outcomes such as call light use, patient satisfaction and patient safety
- Patient rounding has shown to have positive impacts on decreasing call light usage, decreased fall rates, decreased skin breakdown rates, and increased patient satisfaction, with nursing care resulting in improved patient satisfaction scores

# Background

---

- Purposeful and timely rounding is a best practice intervention used to meet basic patient care needs routinely, ensure patient safety, decrease the occurrence of patient preventable events, and proactively address problems before they occur
- Studies found hospitals that proactively instituted rounding increased patient satisfaction by 8.9%
- The IHI endorsed hourly rounding in 2009 as the best way to reduce call lights and increase both the quality of care and the satisfaction of patients.

# Explain Purpose of Hourly Rounding Upon Admission/Transfer/Change in Nurses Shift

---

“We round every hour on our patients to ensure that you receive “**Very Good**” care. We will not wake you if you are sleeping unless we need to. If anytime during your stay, you feel you are not receiving “**Very Good**” care, please let us know immediately so that we can address your concerns.”

# Key Words - Adult

---

“Hello Mr/Mrs \_\_\_\_\_ My name is \_\_\_\_\_ I will be your (Nurse) today”

“What is your pain level right now?”

“Can I assist you to the bathroom?”

(incontinence care, empty urinal, etc)

“Would you like to be repositioned?”

# Key Words - Adult

---

“Are you comfortable?”

“I want to place these items (call bell, telephone, tissues) in front of you, so that they are within your reach.”

“Is there anything else I can do for you before I leave? I have the time.”

“I (or other staff member) will be back within the hour to round on you again.”

# Key Words - Pediatrics

---

“Hello (patient/parents) \_\_\_\_ My name is \_\_\_\_ I will be your (Nurse) today”

Are you aware of the plan for today?

“What is your pain level right now?” or “Do you feel that your child is comfortable?”

“Can I assist you to the bathroom?” (check diaper, supplies, empty urinal/hats)

# Key Words - Pediatrics

---

“Are you comfortable?” (for younger children - comfort items- pacifier, toy, book, etc.)

“I want to place these items (call bell, telephone, tissues, trash) in front of you, so that they are within your reach.” (age appropriate)

“Is there anything else I can do for you before I leave? I have the time.”

“I (or other staff member) will be back within the hour to round on you again.”

# Methods

---

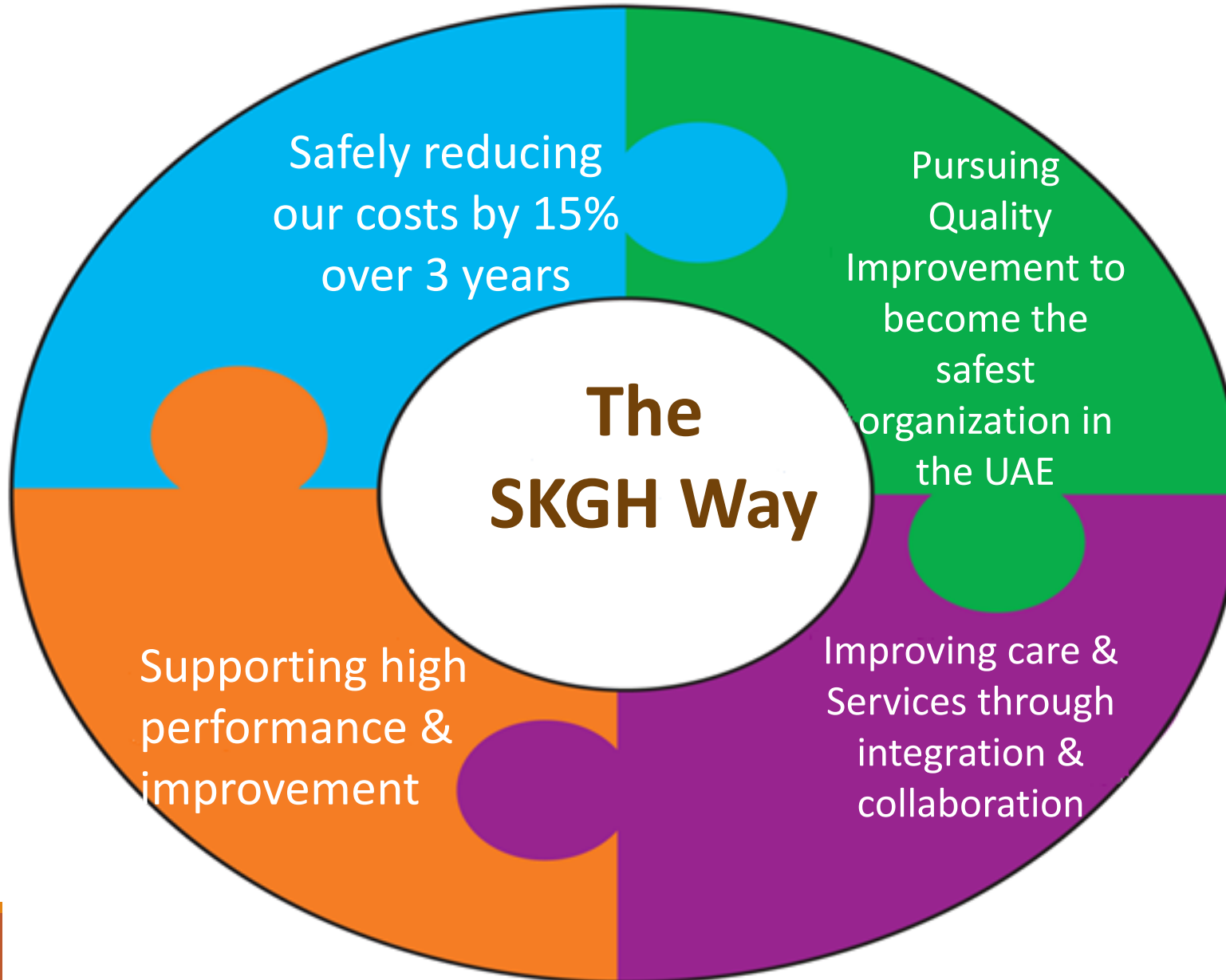
- The project was conducted on a 130-bed hospital
- Direct observation was employed to assess nurses' timeliness and use of a protocol when rounding
- Interventions were developed based on baseline data results and post intervention data was collected on the same criteria
- Statistical analysis was completed to determine the significance of study results

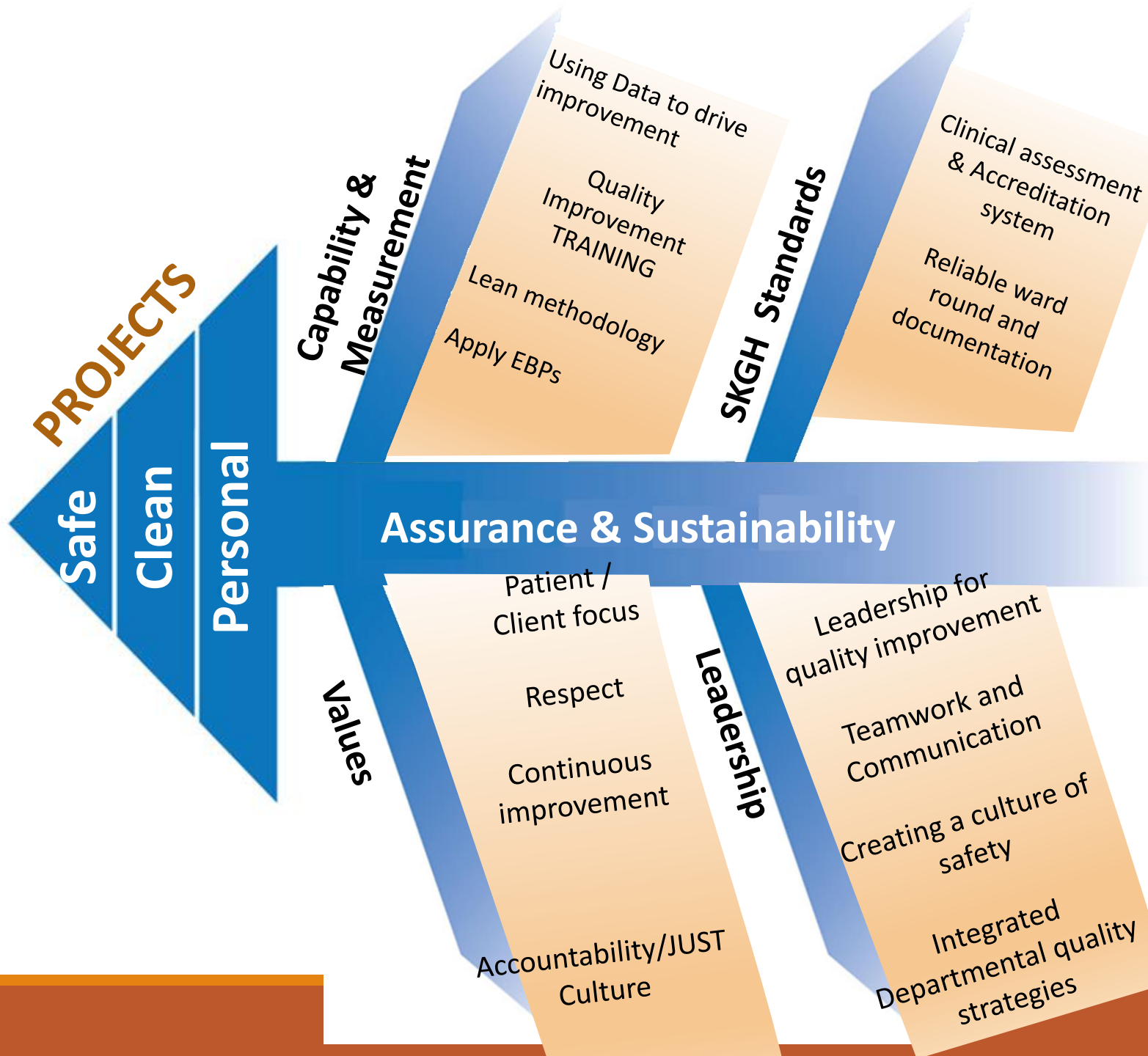
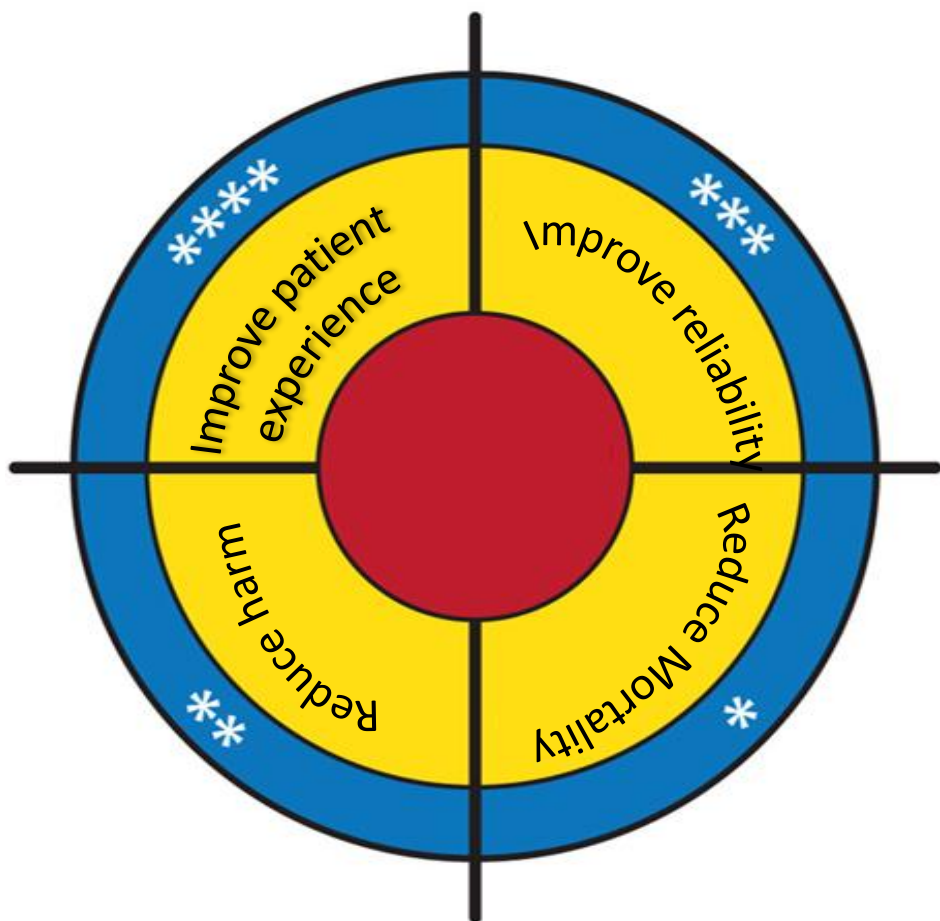
# Methods

---

The Joanna Briggs Institute Practical Application of Clinical Evidence System (JBI-PACES) and Getting Research into Practice (GRiP) audit and feedback tool framework was used. The 3 phases included:

1. Establishing a team for the project and undertaking a baseline audit based on criteria informed by the evidence.
2. Reflecting on the results of the baseline audit and designing and implementing strategies to address non-compliance found in the baseline audit informed by the JBI GRiPframework.
3. Conducting a follow-up audit to assess the outcomes of the interventions implemented to improve practice, and identifying future practice issues to be addressed in subsequent audits.





# What Is Intentional Rounding?

---

- An approach to checking on patients needs
- Nurse rounding on hospitalized patients has a history that stretches as far back as the 1860s with Florence Nightingale (Neils, 2010).
- The rounding happens every 1-2 hours & is undertaken by the responsible nursing staff
- Specific questions are asked and needs met
- It is for the ward to test and implement a system in which intentional rounding works for them – an important part of nursing duties



# Nursing Intentional Rounding Effect

---

- Improving the overall quality of care, reducing adverse events such as patient falls, and improving both nurse and patient satisfaction with care (Tea, Ellison & Feghali, 2008; Setia & Meade, 2009; Woodward, 2009).
- The opportunity to identify issues/concerns or other dissatisfactions the patient is experiencing and provides a service recovery approach to remedy the dissatisfaction

# Why Do It?

---

- ✓ Reduced call bells / Patient / day by 37 %
- ✓ Reduced miles walked by nurses
- ✓ Reduced falls by 65%
- ✓ Reduced pressure ulcers by 45.7%
- ✓ Improved patient satisfaction scores by 5%
- ✓ Reduced Patient Complaint by 67%



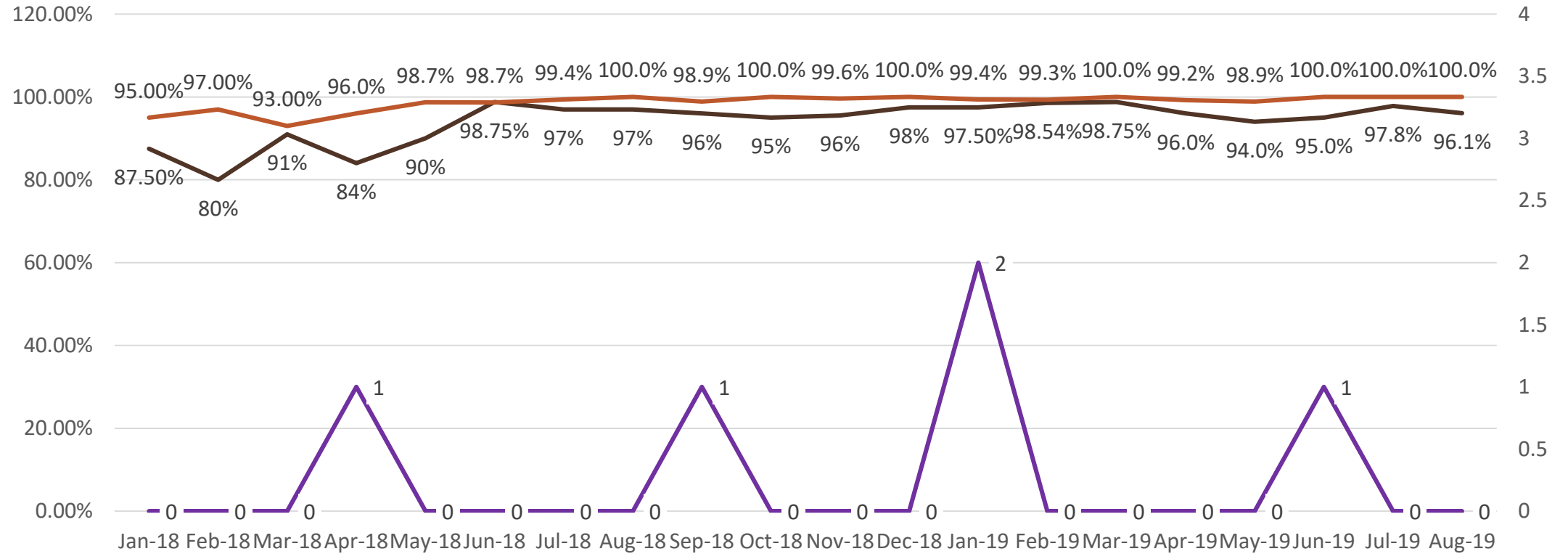
### INTENTIONAL PATIENT ROUNDING

Day	Date	Time	Yes	No	1-Assisted in Bath room needs 2-Stage change 3-Device Care 4-Not Applicable	1-Pain 2-No Pain 3-Comfort	1-Wegedding/ Skin Care 2-Mobility assistance 3-Transfer assistance 4-Not Applicable	Environment Safety: 1- Side Rails/ Bed Break 2- Call Bell within reach 3- Area free of clutter	IR band: 1. Property Good 2. Unavailable 3. Faded, erased or torn.	Comment	Nurse Initial
		0700H									
		0800H									
		0900H									
		1000H									
		1100H									
		1200H									
		1300H									
		1400H									
		1500H									
		1600H									
		1700H									
		1800H									
		1900H									
		2000H									
		2100H									
		2200H									
		0100H									
		0200H									
		0300H									
		0400H									
		0700H									
		0800H									
		0900H									
		1000H									
		1100H									
		1200H									
		1300H									
		1400H									
		1500H									
		1600H									
		1700H									
		1800H									
		1900H									
		2000H									
		2100H									
		2200H									
		0100H									
		0200H									
		0300H									
		0400H									

#### General Guidelines For Intentional Patient Rounding

- \* Assess pain using appropriate pain tool.
- \* Offers assistance taking patient to the toilet / Basic needs.
- \* Ensures bed is in lowest position, brakes on and side rails are raised.
- \* Ensures that call bell, food, drink and all other possessions are within easy reach of patient.
- \* Ensures that room environment is clutter free and that there is no spills or hazards.
- \* Always asks the patient "Is there anything more I can do for you?"

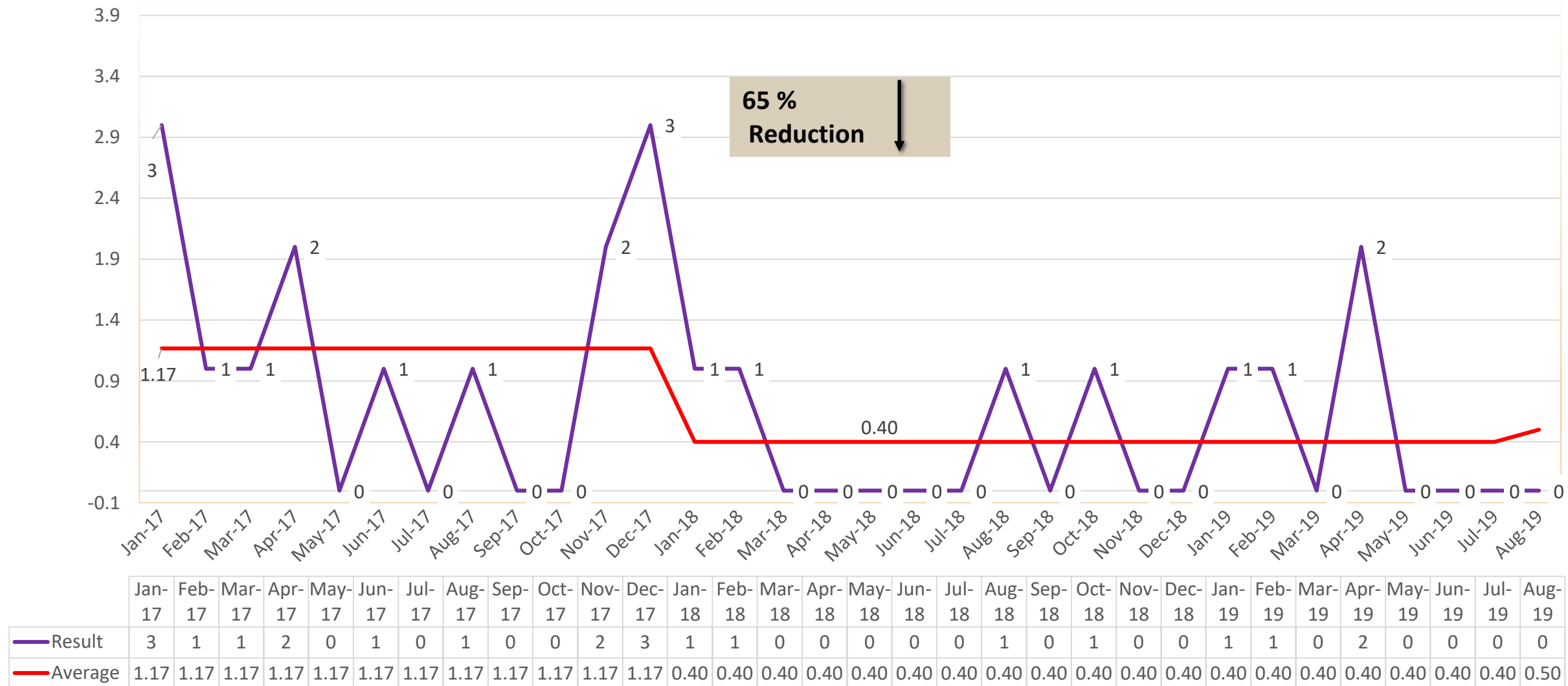
# Hourly Rounds compliance Vs patient satisfaction rate and patient complaints



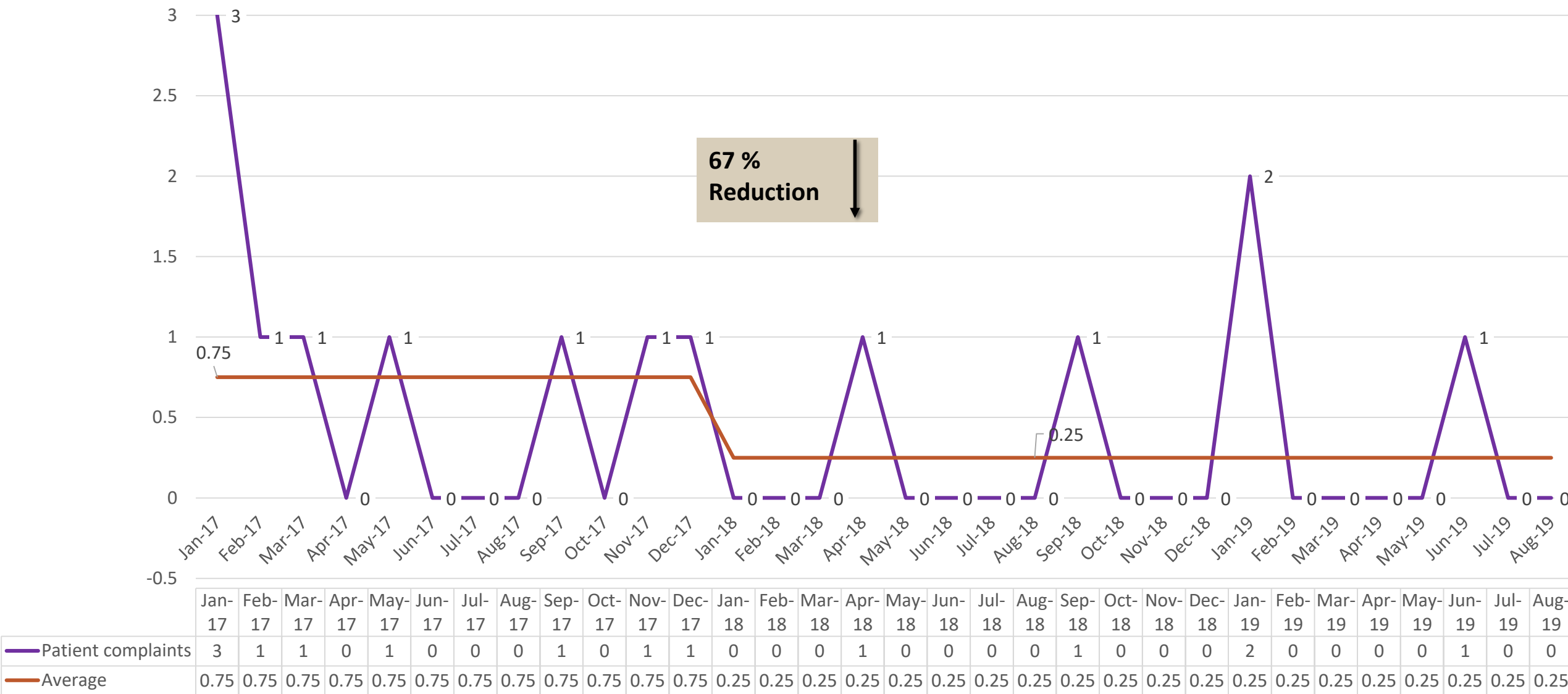
	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
Hourly rounds compliance	87.50%	80%	91%	84%	90%	98.75%	97%	97%	96%	95%	96%	98%	97.50%	98.54%	98.75%	96.0%	94.0%	95.0%	97.8%	96.1%
Patient satisfaction rate	95.00%	97.00%	93.00%	96.0%	98.7%	98.7%	99.4%	100.0%	98.9%	100.0%	99.6%	100.0%	99.4%	99.3%	100.0%	99.2%	98.9%	100.0%	100.0%	100.0%
Patient complaints	0	0	0	1	0	0	0	0	1	0	0	0	2	0	0	0	0	1	0	0

# Patient Falls Monthly Monitoring

## Jan 2017- Aug 2019

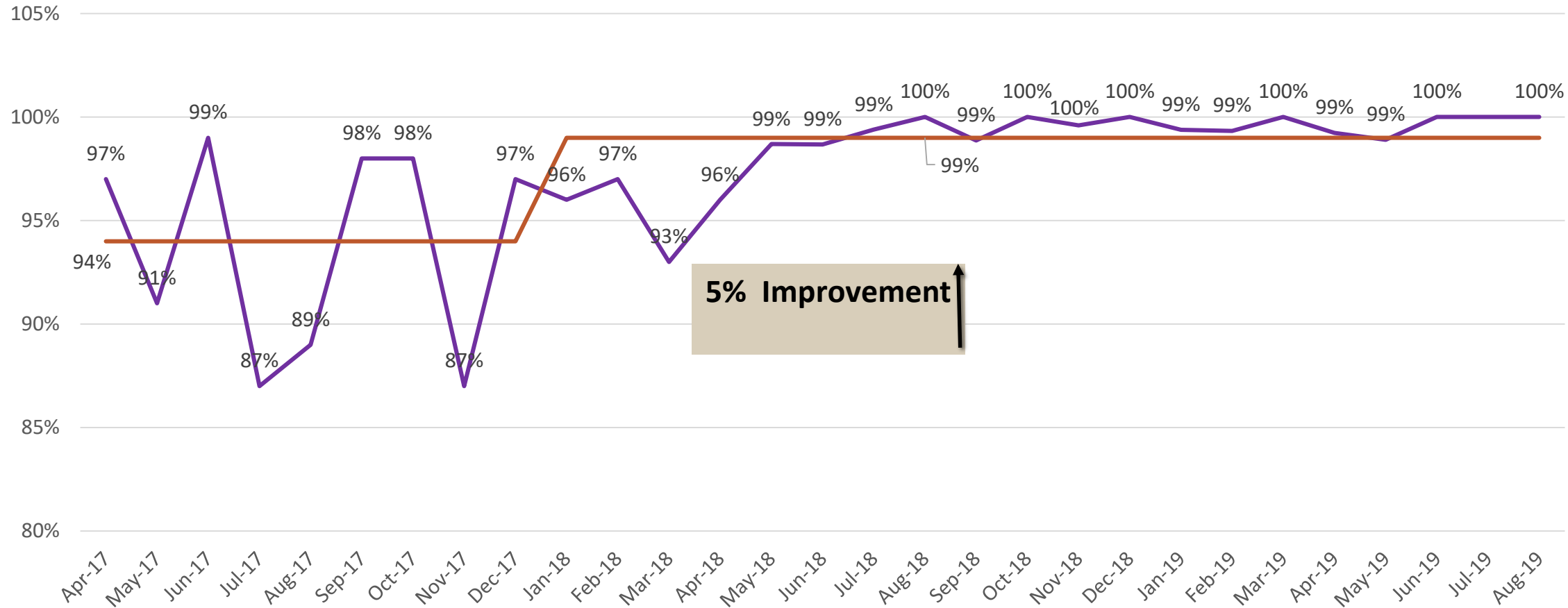


# Patient complaints ( Nursing Related) 2017 -2019

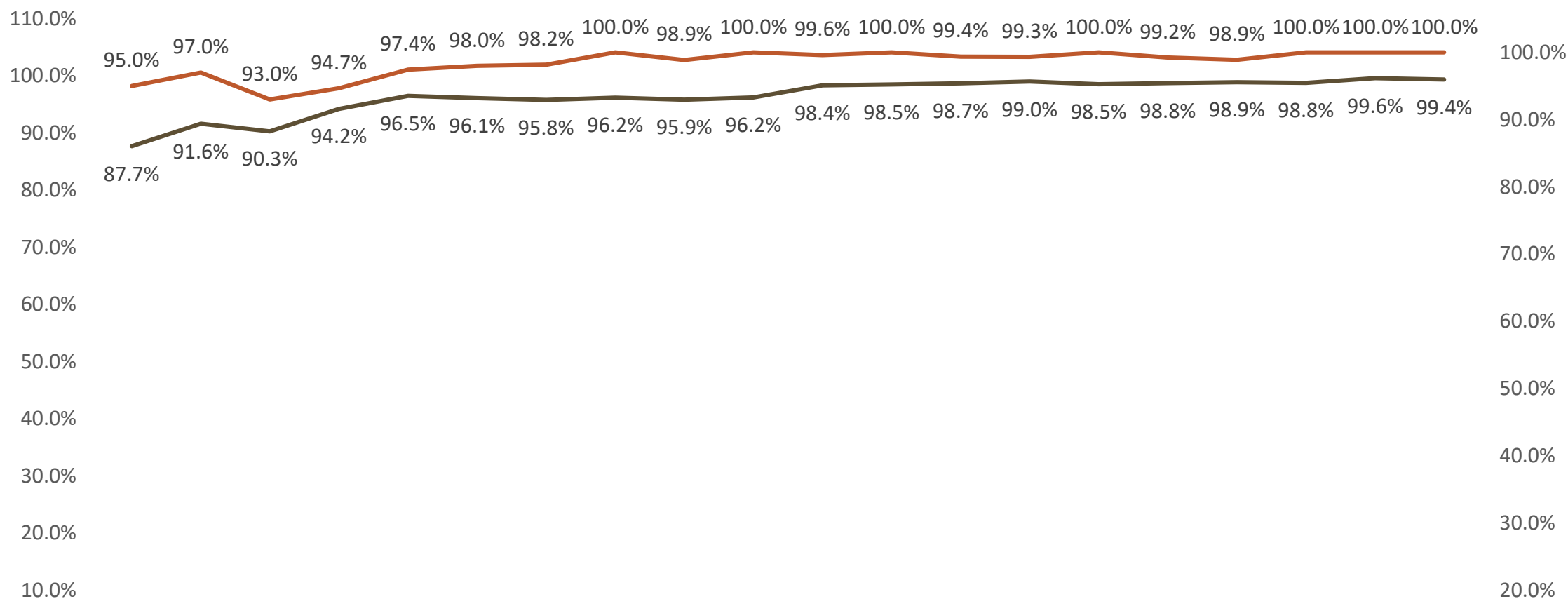


In 2017 – 9 nursing related patient complaints

# Service 2017 -2019

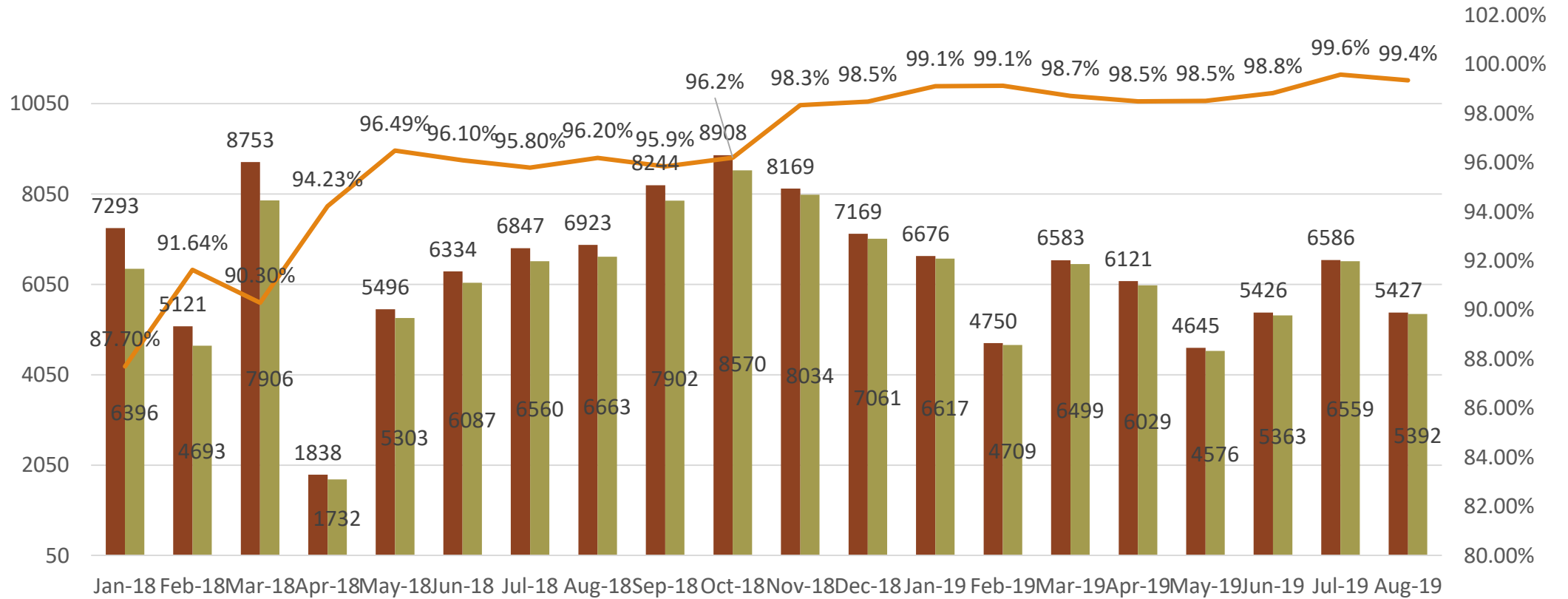
[illegible]

# Call bell response within 3 mint Vs patient Satisfaction



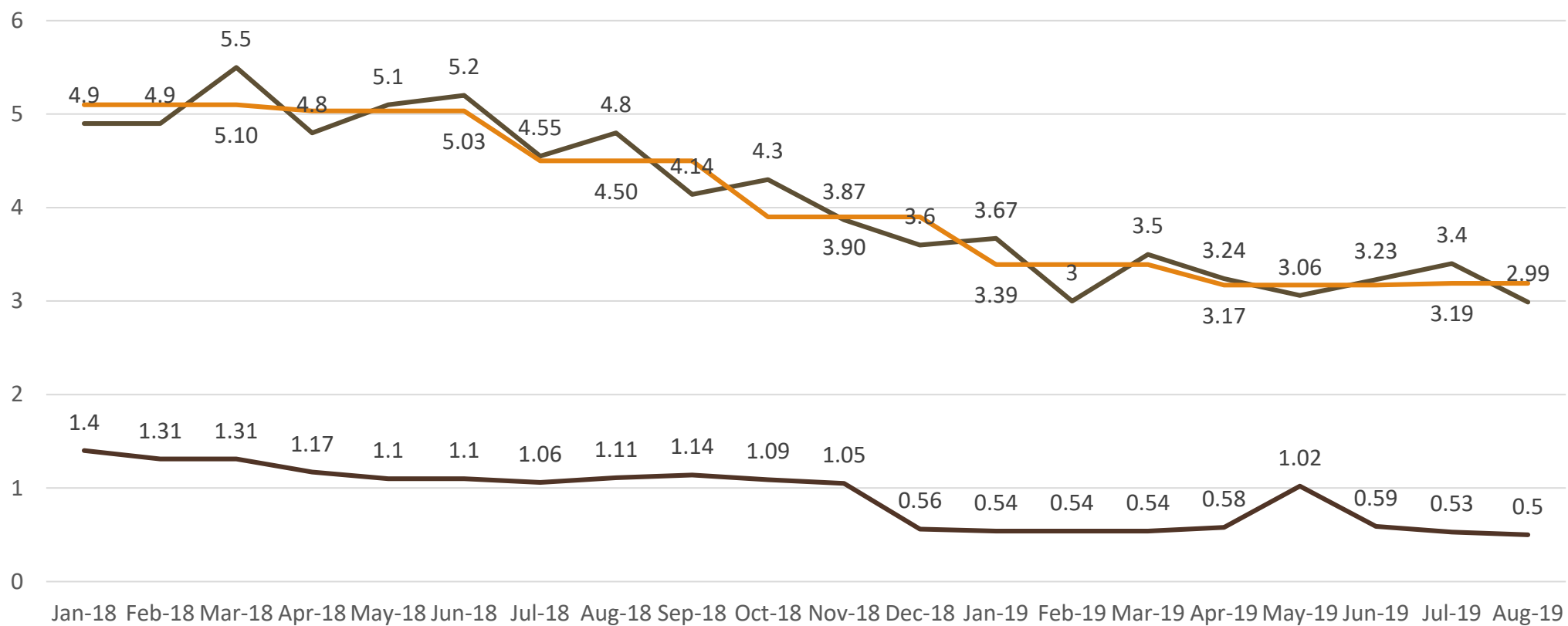
	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
— Patient satisfaction rate	95.0%	97.0%	93.0%	94.7%	97.4%	98.0%	98.2%	100.0%	98.9%	100.0%	99.6%	100.0%	99.4%	99.3%	100.0%	99.2%	98.9%	100.0%	100.0%	100.0%
— call bell response with in 3 mint	87.7%	91.6%	90.3%	94.2%	96.5%	96.1%	95.8%	96.2%	95.9%	96.2%	98.4%	98.5%	98.7%	99.0%	98.5%	98.8%	98.9%	98.8%	99.6%	99.4%

# Total Patient Calls vs Call bell response within 3 mint



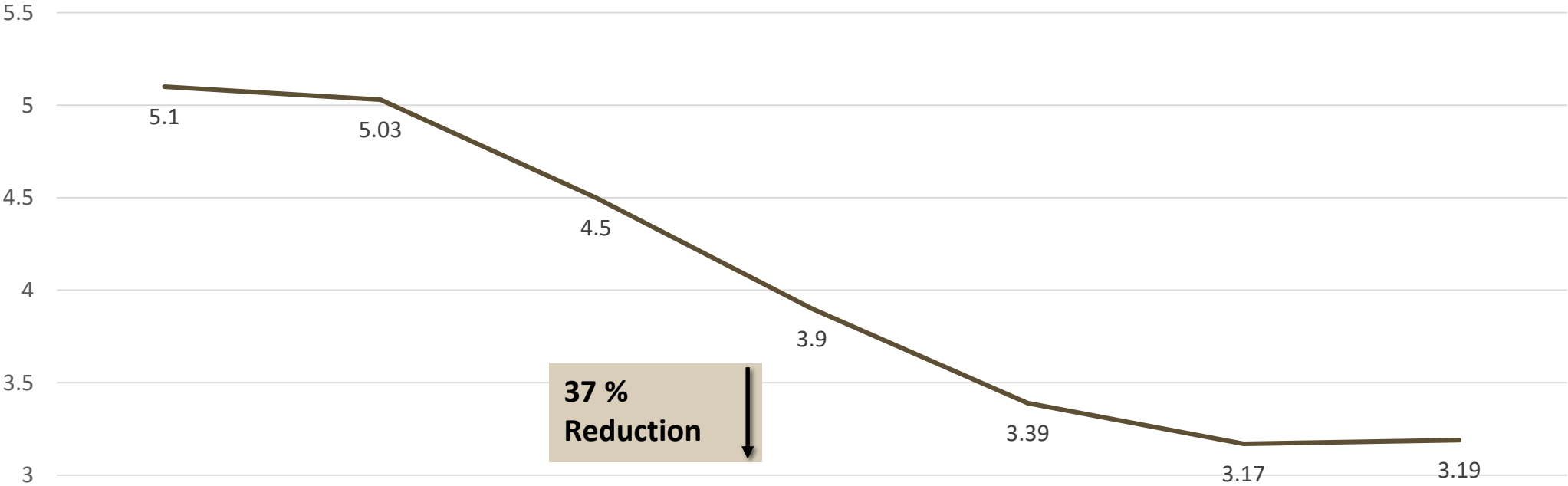
	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
Total Calls	7293	5121	8753	1838	5496	6334	6847	6923	8244	8908	8169	7169	6676	4750	6583	6121	4645	5426	6586	5427
call bell response with in 3 mint	6396	4693	7906	1732	5303	6087	6560	6663	7902	8570	8034	7061	6617	4709	6499	6029	4576	5363	6559	5392
Percentage	87.70%	91.64%	90.30%	94.23%	96.49%	96.10%	95.80%	96.20%	95.9%	96.2%	98.3%	98.5%	99.1%	99.1%	98.7%	98.5%	98.5%	98.8%	99.6%	99.4%

# Average Calls / Patient / Day Vs Average Call Bell Response Time



	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
Average Call response time	1.4	1.31	1.31	1.17	1.1	1.1	1.06	1.11	1.14	1.09	1.05	0.56	0.54	0.54	0.54	0.58	1.02	0.59	0.53	0.5
Average call/ patient / day	4.9	4.9	5.5	4.8	5.1	5.2	4.55	4.8	4.14	4.3	3.87	3.6	3.67	3	3.5	3.24	3.06	3.23	3.4	2.99
Average	5.10	5.10	5.10	5.03	5.03	5.03	4.50	4.50	4.50	3.90	3.90	3.90	3.39	3.39	3.39	3.17	3.17	3.17	3.19	3.19

# Average Calls / Patient / Day



	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019
Average call/ patient / day	5.1	5.03	4.5	3.9	3.39	3.17	3.19

# Next Steps

---

- Ensure reliability
- Ensure meaning
- What matters most?
- Reviewing the process
- Community rounding

It is not about scores,  
financial indicators,  
public reporting, % of  
always...it is about  
compassionate care and  
saving lives



# References

- Newhouse, R., Pugh, L., Dearholt, S., White, K., and Poe, S. (2007). Organizational change strategies for evidence-based practice. *The Journal of Nursing Administration*, 37(12), 552-557.
- O'Byrne, L. and Smith, S. (2010). Models to enhance research capacity and capability in clinical nurses: A narrative review. *Journal of Clinical Nursing*, 20, 1365-1371.
- Schulman, C. (2007). Clinical Inquiry. In M.A. McKinley (Ed.), *Acute and Critical Care Clinical Nurse Specialists: Synergy for Best Practices* (77-89). St. Louis, Missouri: Saunders.
- Gnida, J.]; [Audio podcast].;CAHPS update [January 8th, 2015]. Omaha, Nebraska.
- GrellnerL. Put your money where your scores are HCAHPS and VBP. *OklaNurse*. 2012; 57(3):4.
- Berg K, Sailors C, Reimer R, O'Brien Y, Ward-Smith P. Hourly rounding with a purpose. *Iowa Nurse Reporter*. 2011; 24(3):12-4.
- BlakleyD, KrothM, GregsonJ. The impact of nurse rounding on patient satisfaction in a Medical-Surgical Hospital Unit. *MedsurgNurs*. 2011; 20(6):327-32.
- Butcher L. Hospitals work to prevent patient falls. [Internet]; [cited June 1st 2013]. Available from: [http://www.hhnmag.com/Magazine/2013/Jun/0613HHN\\_coverstory](http://www.hhnmag.com/Magazine/2013/Jun/0613HHN_coverstory).
- CulleyT. Reduce call light frequency with hourly rounds. *Nursing Management*. 2008; 39(3):50-52.
- DeitrickL, Baker K, Paxton H, Flores M, SwavelyD. Hourly
- <http://guides.mclibrary.duke.edu/ebm>
- <http://www.ahrq.gov/cpi/centers/cepi/index.html>

